



DIVISION OF DEVELOPMENTAL DISABILITIES (DDD)  
**ASSESSMENT OF ICF/MR LEVEL OF  
CURRENT SUPPORT NEEDS**  
(Age 13 and older)

NAME	DDD NUMBER	DATE OF INITIAL REFERRAL OR ANNUAL REVIEW					
<b>SCORES</b>							
<b>AGE-LEVEL RESIDENCE (OUTCOME)</b>							
<p>___ 1. What supports does the person need to identify and respond safely to emergencies?</p> <table><tr><td><input type="checkbox"/> <b>25</b> <b>Needs total physical support to respond to emergencies.</b></td><td><input type="checkbox"/> <b>16</b> <b>Needs help all of the time to identify emergencies and to respond.</b></td><td><input type="checkbox"/> <b>9</b> <b>Needs help some of the time to identify emergencies and to respond.</b></td><td><input type="checkbox"/> <b>4</b> <b>Independently identifies emergencies; needs help from others to respond.</b></td><td><input type="checkbox"/> <b>0</b> <b>Needs no help from others in emergencies.</b></td></tr></table>			<input type="checkbox"/> <b>25</b> <b>Needs total physical support to respond to emergencies.</b>	<input type="checkbox"/> <b>16</b> <b>Needs help all of the time to identify emergencies and to respond.</b>	<input type="checkbox"/> <b>9</b> <b>Needs help some of the time to identify emergencies and to respond.</b>	<input type="checkbox"/> <b>4</b> <b>Independently identifies emergencies; needs help from others to respond.</b>	<input type="checkbox"/> <b>0</b> <b>Needs no help from others in emergencies.</b>
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<p>___ 2. Are people other than care providers available for this person to seek help from at any time?</p> <table><tr><td><input type="checkbox"/> <b>5</b> <b>Has only care providers available.</b></td><td><input type="checkbox"/> <b>4</b> <b>Has someone available some of the time.</b></td><td><input type="checkbox"/> <b>3</b> <b>Has someone available most of the time.</b></td><td><input type="checkbox"/> <b>0</b> <b>Has someone available all of the time.</b></td></tr></table>			<input type="checkbox"/> <b>5</b> <b>Has only care providers available.</b>	<input type="checkbox"/> <b>4</b> <b>Has someone available some of the time.</b>	<input type="checkbox"/> <b>3</b> <b>Has someone available most of the time.</b>	<input type="checkbox"/> <b>0</b> <b>Has someone available all of the time.</b>	
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<p>___ 3. What support does the person need to practice age-level safety measures?</p> <table><tr><td><input type="checkbox"/> <b>25</b> <b>Needs total physical support for safety measures in daily activities and routines.</b></td><td><input type="checkbox"/> <b>16</b> <b>Does not recognize own safety needs and requires help in most safety areas.</b></td><td><input type="checkbox"/> <b>9</b> <b>Knows importance of safety measures. Needs training and/ or physical support in many areas.</b></td><td><input type="checkbox"/> <b>4</b> <b>Needs reminders or specific training in one or two safety areas.</b></td><td><input type="checkbox"/> <b>0</b> <b>Needs no support in providing for own safety.</b></td></tr></table>			<input type="checkbox"/> <b>25</b> <b>Needs total physical support for safety measures in daily activities and routines.</b>	<input type="checkbox"/> <b>16</b> <b>Does not recognize own safety needs and requires help in most safety areas.</b>	<input type="checkbox"/> <b>9</b> <b>Knows importance of safety measures. Needs training and/ or physical support in many areas.</b>	<input type="checkbox"/> <b>4</b> <b>Needs reminders or specific training in one or two safety areas.</b>	<input type="checkbox"/> <b>0</b> <b>Needs no support in providing for own safety.</b>
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<p>___ 4. What support does the person need to toilet self as is expected of others in his/her age group?</p> <table><tr><td><input type="checkbox"/> <b>5</b> <b>Needs total physical support to toilet self.</b></td><td><input type="checkbox"/> <b>4</b> <b>Indicates need but needs some physical support to toilet self.</b></td><td><input type="checkbox"/> <b>3</b> <b>Needs training to toilet self.</b></td><td><input type="checkbox"/> <b>2</b> <b>Needs reminders.</b></td><td><input type="checkbox"/> <b>0</b> <b>Needs no support. Toilets self.</b></td></tr></table>			<input type="checkbox"/> <b>5</b> <b>Needs total physical support to toilet self.</b>	<input type="checkbox"/> <b>4</b> <b>Indicates need but needs some physical support to toilet self.</b>	<input type="checkbox"/> <b>3</b> <b>Needs training to toilet self.</b>	<input type="checkbox"/> <b>2</b> <b>Needs reminders.</b>	<input type="checkbox"/> <b>0</b> <b>Needs no support. Toilets self.</b>
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SCORES	AGE-LEVEL RESIDENCE (OUTCOME)				
<p>___ 5. What support does the person need to dress and groom self as is expected of others in his/her age group?</p> <div> <div> <input type="checkbox"/> 5 Needs total physical assistance for dressing and grooming self. </div> <div> <input type="checkbox"/> 4 Needs training in dressing and grooming self. </div> <div> <input type="checkbox"/> 3 Needs reminders to dress and groom self appropriately. </div> <div> <input type="checkbox"/> 2 Needs help with appearance and recognizing styles. </div> <div> <input type="checkbox"/> 0 Needs no support. At age level in dressing and grooming self. </div> </div>					
<p>___ 6. What support does the person need to eat at age-level?</p> <div> <div> <input type="checkbox"/> 5 Needs total physical support to eat. </div> <div> <input type="checkbox"/> 4 Needs some physical help in order to eat. </div> <div> <input type="checkbox"/> 3 Needs moderate support in the form of training in how to use utensils, how to eat at age level. </div> <div> <input type="checkbox"/> 2 Needs help in the form of reminders with manners and appearance when eating. </div> <div> <input type="checkbox"/> 0 Needs no support. At age level in eating. </div> </div>					
<p>___ 7. What support is needed for the person to prepare nutritional foods for self and others?</p> <div> <div> <input type="checkbox"/> 5 Total preparation of food by others. </div> <div> <input type="checkbox"/> 4 With complete supervision and some physical assistance person may select and prepare some foods. </div> <div> <input type="checkbox"/> 3 From available supplies prepares nutritious simple foods for breakfast and lunch which meet nutritional needs. </div> <div> <input type="checkbox"/> 2 With supervision plans, buys and prepares more complex nutritious best-liked foods. </div> <div> <input type="checkbox"/> 0 Needs no support. Plans, prepares nutritional diet (may have adapted environment. </div> </div>					
<p>___ 8. What support is needed for the person to do home-management tasks at age-level?</p> <div> <div> <input type="checkbox"/> 5 Needs physical support all household tasks done by others. </div> <div> <input type="checkbox"/> 4 Needs physical assistance, supervision in performance of all household tasks. </div> <div> <input type="checkbox"/> 3 Needs moderate support in the form of training in some home management tasks. </div> <div> <input type="checkbox"/> 2 With monitoring, prompting completes all household tasks. </div> <div> <input type="checkbox"/> 0 Needs no support in doing daily household tasks (may have adapted environmental/ physical supports). </div> </div>					

SCORES		AGE-LEVEL RESIDENCE (OUTCOME)				
___	9. What support does the person need to manage own money with age-level skills?	<input type="checkbox"/> 5 <b>Someone else must handle all of person's money.</b>	<input type="checkbox"/> 4 <b>Someone else must do all planning and closely supervise all money management.</b>	<input type="checkbox"/> 3 With weekly supervision person plans and manages money.	<input type="checkbox"/> 2 Needs periodic monitoring in budgeting.	<input type="checkbox"/> 0 Needs no supports in managing money.
___	10. What support is needed for the person to make age-level purchases?	<input type="checkbox"/> 5 <b>Someone else must make all purchases.</b>	<input type="checkbox"/> 4 <b>Someone else must closely supervise all shopping.</b>	<input type="checkbox"/> 3 <b>With weekly supervision person shops for self.</b>	<input type="checkbox"/> 2 Needs periodic monitoring in deciding where, when, how much to spend.	<input type="checkbox"/> 0 Needs no system supports in making purchases.
___	11. What support does the person need to most effectively relate to fellow workers and/or students?	<input type="checkbox"/> 3 <b>Needs physical support by others in the form of interpretation of self to others to interact with peers.</b>	<input type="checkbox"/> 2 <b>Needs physical intervention in the form of modeling to enable person to reach out to peers to give and take support.</b>	<input type="checkbox"/> 1 Needs much encouragement, supervision and guidance in how to give and ask for support and interact with peers.	<input type="checkbox"/> 0 Needs minor support in the form of encouragement to initiate interaction with other workers/ students.	<input type="checkbox"/> 0 Without support, person relates to others as a valued member of Work/ Learning unit.
___	12. What support does the person need to most effectively relate to his/her supervisor(s) and/or teacher(s)?	<input type="checkbox"/> 3 Supervisor must initiate all contact for work instruction, work accomplishment.	<input type="checkbox"/> 2 Needs major support in relating to supervisor. Recognizes authority but needs daily intervention in order to learn what a supervisor does and how to use that person.	<input type="checkbox"/> 1 Needs moderate support in relating to supervisor. Recognizes role of supervisor but needs significant instruction in how and when to use supervision appropriately.	<input type="checkbox"/> 0 Needs minor support in the form of monitoring to seek direction appropriately, follow through on work instruction and find ways to settle differences.	<input type="checkbox"/> 0 Needs no support. Relates effectively with supervisor/ teacher, i.e., seeks out supervisor appropriately; accepts supervision and direction; and follows through on work instruction.

SCORES	AGE-LEVEL RESIDENCE (OUTCOME)				
<p>13. What support does the person need to take responsibility for getting to work and/or school on time?</p> <div> <div> <input type="checkbox"/> <b>4</b>  <b>Requires total physical support.</b> </div> <div> <input type="checkbox"/> <b>3</b>  <b>With major support from someone else in some but not all activities, person gets to work/school on time.</b> </div> <div> <input type="checkbox"/> <b>2</b>  <b>With moderate support in the form of some training and some physical supports person takes responsibility for self.</b> </div> <div> <input type="checkbox"/> <b>1</b>  <b>Needs some monitoring to ensure physical support is working or training remains effective.</b> </div> <div> <input type="checkbox"/> <b>0</b>  <b>Needs no support.</b> </div> </div>					
<p>14. What support is needed for person as an adult to earn at least minimum wage?</p> <div> <div> <input type="checkbox"/> <b>25</b>  <b>Current system unable to overcome substantial health or physical disabilities of person to insure marketable work skills.</b> </div> <div> <input type="checkbox"/> <b>16</b>  <b>Major support required for person to maintain work career. One-to-one training on new tasks which are systematically broken down and done in sequential steps is needed for marketable skill.</b> </div> <div> <input type="checkbox"/> <b>9</b>  <b>Needs identification of own individual marketable interest and skill and specialized training. May also need environmental modification or specific adaptive device.</b> </div> <div> <input type="checkbox"/> <b>4</b>  <b>Has identified own marketable work skills/career option; needs special support in typical job market to identify and obtain specific job.</b> </div> <div> <input type="checkbox"/> <b>0</b>  <b>Has identified marketable work skills/career and is at age-level in finding a job.</b> </div> </div>					
<p>15. What support is needed for person to have age-level relationship with family members?</p> <div> <div> <input type="checkbox"/> <b>25</b>  <b>Opportunities for contributing to family life totally dependent on others to maintain, interpret person's role in family.</b> </div> <div> <input type="checkbox"/> <b>16</b>  <b>Requires major support in the form of daily/weekly creation of opportunities to be seen as a contributing member of the family.</b> </div> <div> <input type="checkbox"/> <b>9</b>  <b>Requires moderate support in the form of adaptive device, training and reminders to be seen as a contributing member of the family.</b> </div> <div> <input type="checkbox"/> <b>4</b>  <b>Needs minor support in seeing self and being seen as a contributing member of the family.</b> </div> <div> <input type="checkbox"/> <b>0</b>  <b>Needs no support to form positive family relationship.</b> </div> </div>					

SCORES		AGE-LEVEL RESIDENCE (OUTCOME)				
___ 16.	What support is needed for person to make friendships with others including non-handicapped persons outside the family?					
<input type="checkbox"/> 25	<input type="checkbox"/> 16	<input type="checkbox"/> 9	<input type="checkbox"/> 4	<input type="checkbox"/> 0		
<b>Opportunities for establishing relationships are totally dependent on physical help from others to initiate and maintain, contact and interpret self to others.</b>	Requires daily support to insure person is not seen by others and self as very different from others and/or as much younger and dependent.	Requires weekly encouragement to reach out to others to form relationships which are typical to person's age group.	Initiates, forms and participates in typical relationships in which person needs minor support in access to a variety of opportunities to see self or be seen as contributing member of relationships.	Needs no support. has a variety of opportunities to initiate, form and participate in relationships which are typical to other of the same age. (Person assumes typical roles which are valued by self and others.)		
___ 17.	What support is needed for the person to use typical community resources (including leisure time) at age level?					
<input type="checkbox"/> 4	<input type="checkbox"/> 3	<input type="checkbox"/> 2	<input type="checkbox"/> 1	<input type="checkbox"/> 0		
<b>Needs total physical support in selecting, planning and using typical resources.</b>	<b>Needs major support in the form of individualized instruction and ongoing supervision of participation.</b>	Needs moderate support in the form of instruction and periodic monitoring.	Needs minor support in the form of information and encouragement to plan and use resources.	Needs no support. uses typical integrated community resources at age level.		
___ 18.	What support does the person need to use general community transportation system?					
<input type="checkbox"/> 5	<input type="checkbox"/> 4	<input type="checkbox"/> 3	<input type="checkbox"/> 1	<input type="checkbox"/> 0		
<b>Requires specialized transportation with major adaptation for all activities.</b>	<b>Needs specialized support for transportation to all activities (includes intensive one-on-one training or supervision).</b>	<b>Moderate support needed in use of typical transportation, i.e., support training supervision.</b>	Needs minor support in using transportation for unfamiliar situations.	Needs no support. Uses transportation at age level.		

SCORES	AGE-LEVEL RESIDENCE (OUTCOME)
<p>___ 19. What support is needed for this person to have behaviors which promote being included?</p> <div style="display: flex; justify-content: space-between;"> <div style="width: 18%;"> <input type="checkbox"/> <b>25</b>  <b>Needs major tolerance and control. Could include being dangerous to self and/or others.</b> </div> <div style="width: 18%;"> <input type="checkbox"/> <b>16</b>  <b>Needs major behavior modifications to be perceived as typical. Person's behaviors are extremely disagreeable to others.</b> </div> <div style="width: 18%;"> <input type="checkbox"/> <b>9</b>  <b>Needs participation in typical settings with non-handicapped others to model desirable behaviors. Person's behaviors cause him/her to be easily recognized as different from others.</b> </div> <div style="width: 18%;"> <input type="checkbox"/> <b>4</b>  <b>Needs interactions with non-handicapped people. Person's behaviors are different from others in minor ways and the person may not immediately be perceived as different.</b> </div> <div style="width: 18%;"> <input type="checkbox"/> <b>0</b>  <b>Needs no support. Behaviors are similar to others in general community of same age and culture.</b> </div> </div>	
<p>___ 20. What support does the person need to make those arrangements which meet own therapy and health needs?</p> <div style="display: flex; justify-content: space-between;"> <div style="width: 18%;"> <input type="checkbox"/> <b>25</b>  <b>Person needs medical health intervention by professionals at least daily.</b> </div> <div style="width: 18%;"> <input type="checkbox"/> <b>16</b>  <b>Person needs frequent daily/weekly support and/or monitoring by trained others.</b> </div> <div style="width: 18%;"> <input type="checkbox"/> <b>9</b>  <b>Needs consistent supervision of health and instruction in how to take care of own health needs. May need some physical support.</b> </div> <div style="width: 18%;"> <input type="checkbox"/> <b>2</b>  <b>Needs occasional (monthly or less) monitoring of health needs, reminders.</b> </div> <div style="width: 18%;"> <input type="checkbox"/> <b>0</b>  <b>Needs no support. Person takes care of own health needs.</b> </div> </div>	
<div style="border: 2px solid black; width: 40px; height: 40px; margin: 0 auto;"></div>	<p><b>Total of Items 1 - 20 above. (A minimum score of 40 indicates ICF/MR level indicates ICF/MR level of care.)</b></p>
<div style="display: flex; justify-content: space-between;"> <span>CASE/RESOURCE MANAGER'S SIGNATURE</span> <span>DATE</span> </div>	

## INSTRUCTIONS FOR COMPLETING THE NEEDS ASSESSMENT

**1. Who determines ICF/MR level of care eligibility for waiver services?**

A CRM or Social Worker is qualified to determine ICF/MR level of care eligibility. One or the other of these persons must sign the referral form at the end of the form to certify that the individual requires ICF/MR level of care.

**2. How often must the ICF/MR level of care assessment be completed?**

This assessment must be completed within 90 days of the initial referral date and at the time of the annual reassessment.

**3. Can providers complete the ICF/MR level of care Supports Needs Assessment form?**

No. They can give input to the CRM as to what they feel the current level of need is for that person. However, it is the CRM's responsibility to do the assessment, using the appropriate support needs assessment based on the best information available to him or her.

**4. How do I answer questions if none of the choices accurately describes the person?**

You can only choose one of the answers provided. **Do not add new boxes or new answers.** If the question is "not applicable", mark the lowest score and write an explanation in comments. You can provide additional clarification in the comments section.

**5. What if an individual age 13 or older does not meet ICF/MR Level of Care?**

The client has a right to appeal.

- If the individual is requesting initial enrollment on a waiver send form 15-283 "HCBS Waiver Enrollment Request Notice of Denial".
- If the individual is currently on a waiver send 10-298 "Notification of Termination From DDD HCBS Waiver".

**6. Can there be an exception to policy for people when their assessment score does not indicate ICF/MR level of care?**

No. This is a waiver requirement there are no exceptions to CMS rules.